Labor Organization Officer and Employee Report

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards



This report is mendatory under P.L. 85-257, as amended. Fabure to compry may result in criminal prosecution, fines and bivil penalties as provided by 29 U.C.C. 438,440.

Form approved - CMB No. 1215-D188 Expires 11-30-2002

. Name and address of person fleng	2. Name and socress or tabo	or organization
Walter White		ers, Delivery Drivers a
222 Dodwood	Helpers, L	ocal Union No. 14 765
Henderson, NV 89015		
3. Position in labor organization . [4, Date flagal year	i Las Vegas, N	E File number (flassbrack)
	997 to July2000	
Enter appropriate data below if, during the pest facal year, you or yo	פינום פונולם יסחלות זה פפניסקפ יניי	city or indirectly had any of the following in-
terrests (expeys as specified in the execusions set ferth in the instruc	tiones	
 Held an interest in, engaged in transections (including loans) with seasonages whose employees your impatituation represents or is a 	L OF DETIVED INCOME OF CENTER OF CEN	economic benefit of monetary value from an
3. Name of Employer	Address of Employer	
Nature of Interest, Transaction of Income		
. Heid an interest in or carried income or economic benefit with mone		
from, setting or linearing to, or otherwise dealing with the business of a setting to represent, or (2) any pain it which contests of buying from a organization or with a trust in which your labor organization is interest	In employer whose employees y or besing or lessing directly or a	YOUR LEBOR ORGANIZATION TROPESSONS OF IS BETWEEY
. Name of business	Address of business	
American Income Life Insurance Co	mpany, P.O. Box	2608, Waco TX 76797
Burness coass with—	10. 11 98 or 9C is choosed gh	
□ A. Labor Organization □ B Trust □ C. Employer		
Nature and approximate dotter value of such dealings	manu nuovidad	at no additional cost
American Income Life Insurance Co an additional accidental death be	nofit of \$10 00	0 to the individual
ligted above while they were trav	eling in any co	mvenience on official
Union business. No benefits were	paid to insure	ed. Agreement with
2. Nature of Mismas need or Mcorns received insurance co	mpany was immed	liately terminated upon
being notified to do so by the In	dependent Revie	w Board in its letter
dated June 6, 2000 to Patrick Szm	anski, General	Counsel for the
International Brotherhood of Team	sters. This fo	orm is being filed as
instructed in that letter.		
Reserved from any employer (other than an employer covered unclarity payment of money or other thing of value	der parta A and B above) or tror	in any labor relations consultant to an employer
3. Here and access of employer C a computant C	14. Nature of payment	DEPENWED
		10 5 0 5 0 0
		1 01
		AUG 2000
		but load
IF MORE SPACE IS NEEDED	ATTACH ADDITIONAL SHE	USDOL/ESA
		OLMS/DOE/SRD
 Signature and remnartion—The undersigned declares, under the the emachinents incorporated therein or referred to in this report, in correct and correlete. 	accinoscie pensitive or the law. as been expursified by him and	is, 18 the sest of his knowledge and belief, true,
com Watter BW lute , Las V	/egas	Nevada 7-20-200
Oty.		State Date

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This report is mandetory under P.L. 24-257, se amended. Fallure to comply may result in

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188

FORT LM-30 (Rev 1986)

	0 53215
Name and address of person filing	Name and address of labor organization
Walter White	General Drivers, Delivery Drivers and
222 Dodwood	Helpers, Local Union No. 14
Henderson, NV 89015	Las Vegas NV 89114
. Position in labor organization	4. Date fiscal year ended 5. File number (if sesigned)
Trustee	January 1997 to July 2000 033-295 U-1904
inter appropriate data below II, during the	past fiscal year, you or your spouse or minor child directly or indirectly had any of the following in- na set forth in the instructions):
	tions (including loans) with, or derived income or other economic benefit of monetary value from an inization represents or is actively seeking to represent.
Name of Employer	Address of Employer
. Nature of Interest, Transaction or Income	
from, selling or leasing to, or otherwise	economic benefit with monetary value from a business (1) a substantial part of which consists of buying saling with the business of an employer whose employees your labor organization represents or is actively such consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization is interested.
Name of business	Address of business
☐ A. Labor Organization ☐ B. Nature and approximate dollar value of s	
PHILIPH CE ITHERED I TOKE IN BEACHING FOCUSER	D & B D W E AUG 2 1 2000
Received from any employer (other (any payment of money or other thing of	in an employer covered under parts A and B above) or from any labor relations consultant to an employer like
Name and address of employer	or consultant 14. Nature of payment
American Income Life I P.O.Box 2608 Waco,TX 76797	See Attachment
naco, in 70/9/	
15	IORE SPACE IS NEFOED ATTACH ADDITIONAL SHEETS
the attachments incomprated therein correct and complete.	gned declares, under the applicable penalties of the law, that all of the information in this report, including referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true,
and latte N. Whi	Las Vegas Nevada on 7-17-00
/	City State Date

Labor Organization Officer and Employee Report LM-30

General Drivers, Delivery Drivers and Helpers, Local Union No. 14 File Number 033-295

No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

